



Dental

**2020 IHCP Works
Annual Seminar**



Agenda

- About CareSource
- Network Information
- CareSource and SKYGen
- Working with CareSource
- Working with SKYGen
- Claims
- Claim Disputes
- Dental Prior Authorization
- Resources
- CareSource Health Partner Contacts

About CareSource

OUR MISSION:

To make a **lasting difference** in our members' lives by **transforming** their health and well-being

OUR PLEDGE:

- ✓ Make it easier for you to work with us
- ✓ Partner with providers to help members make healthy choices
- ✓ Direct communication
- ✓ Timely and low-hassle medical reviews
- ✓ Accurate and efficient claims payment

Network Information

Network Information

CareSource has been, and is currently, an open network for both the Hoosier Healthwise & Healthy Indiana Plans.

This means:

- If the individual seen has active benefits at the time of service through either plan
- And the rendering provider is active with Indiana Medicaid
- And the Provider is registered with the State for the location
- And the Service does not require Prior Authorization

Then:

- The provider may bill, and be reimbursed as in-network

Network Information

CareSource follows all of the guidelines set by the State of Indiana, and in addition offers some additional enhancements for our members.

CareSource does not limit the members to four procedures per year.

Please be sure to check the benefit grid in the CareSource Dental Manual.

CareSource and SkyGen Dental



CareSource & SkyGen Dental

CareSource partners with SkyGen Dental to enhance efficiency and consistency of our Dental Management Services.

SkyGen manages:

- Claims payment
- Prior Authorization
- Electronic Funds Transfer (EFT)
- Portal issues

CareSource manages:

- Member-related concerns such as claim issues, covered services and patient eligibility
- Contracting with dental providers

Working With CareSource



Working with CareSource

To Access Member Eligibility, Provider Contracting, Provider Maintenance, and to stay informed on the latest updates and announcements please go to the CareSource Portal.



Provider Portal

Discover all the different functions you have available on the Provider Portal.

Most Popular

FILE CLAIMS

FILE AN APPEAL

PRIOR AUTHORIZATION

Additional Links

[Submit a Grievance](#)

[Provider Referrals](#)

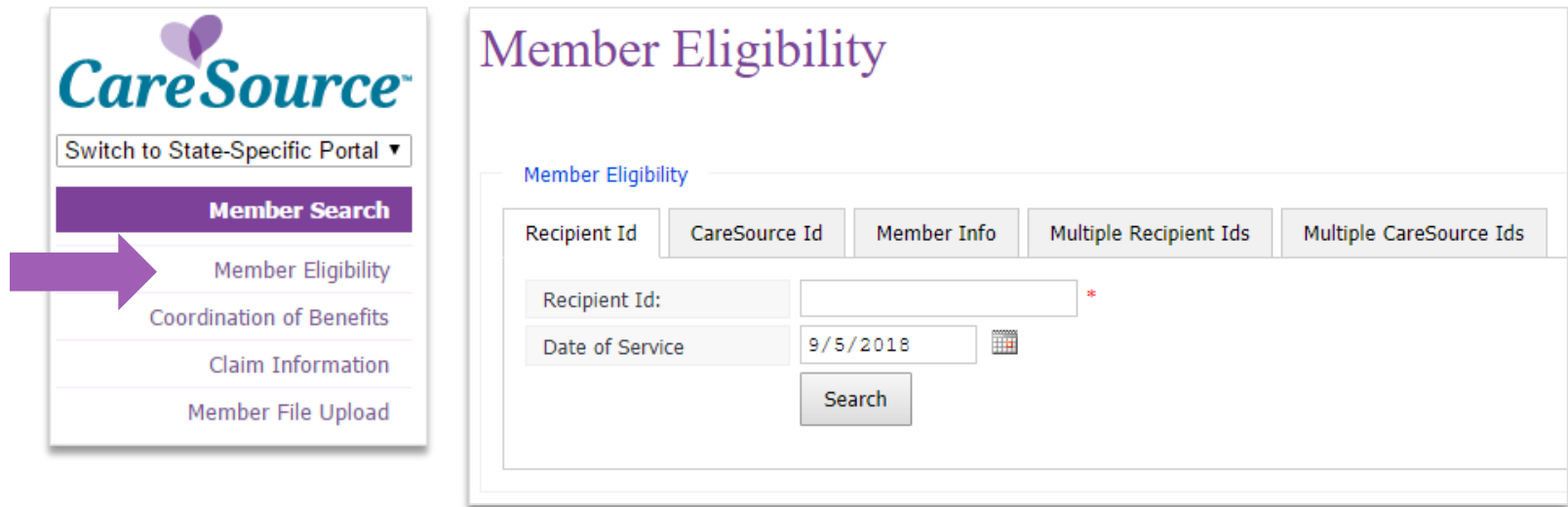
[Provider Maintenance](#)

[Check Eligibility](#)

Working with CareSource

- Not currently a participating provider?
- Visit **CareSource.com/in/providers** and scroll down to *Become A CareSource Provider*.
- Complete our **New Health Partner Contract Form**

Verifying Eligibility



CareSource™

Switch to State-Specific Portal ▾

Member Search

Member Eligibility

Coordination of Benefits

Claim Information


Member File Upload

Member Eligibility

Member Eligibility

Recipient Id CareSource Id Member Info Multiple Recipient Ids Multiple CareSource Ids

Recipient Id: *

Date of Service: 9/5/2018 

Search

Use the Indiana Health Coverage Programs (IHCP) Provider Portal, SkyGen Provider Portal or CareSource Provider Portal to verify eligibility.

Verify eligibility before every visit.

Working With SkyGen



Accessing SkyGen Portal

To access the Skygen Dental Portal:

- Log in to the CareSource Provider Portal, click on *Dental Provider Login* under the *Providers* heading, and register, or
- Access the Scion Portal directly

SkyGen Portal

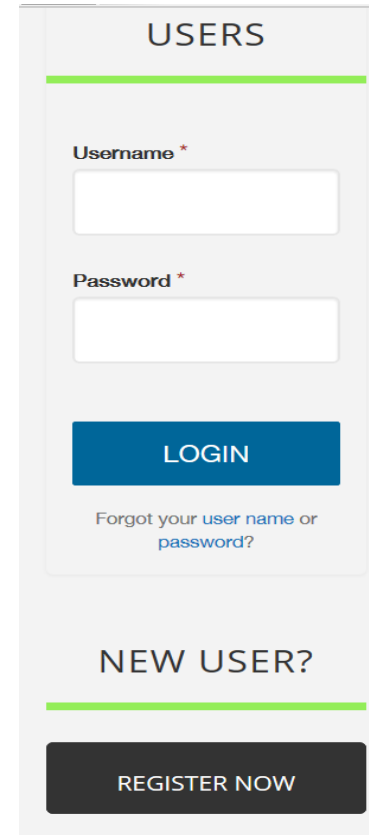
Some of the time-saving functions of the Dental Provider Web Portal include:

- View member service history, covered benefits, and fee schedules.
- Create a member eligibility calendar and view real-time eligibility for multiple members.
- View authorization guidelines, and required documentation prior to submitting authorizations.
- Submit authorizations with attachments for faster determinations.

SkyGen Log In

Creating a login

- Please click on the *Register Now* tab under New User when logging in for the first time.
- You will need to have your SkyGen ID to create a log in. You can get this from SkyGen directly, or through the CareSource Customer Service team.

A screenshot of the SkyGen login interface. At the top, the word "USERS" is displayed in a light gray box. Below this, there are two input fields: "Username *" and "Password *", each with a corresponding text input box. A blue "LOGIN" button is positioned below the password field. Underneath the button, a link reads "Forgot your user name or password?". A horizontal green line separates the login section from the registration section. Below the line, the text "NEW USER?" is shown. At the bottom, there is a dark gray button labeled "REGISTER NOW".

USERS

Username *

Password *

LOGIN

Forgot your user name or password?

NEW USER?

REGISTER NOW

Registering with SkyGen

- Depending on your role, you can register with SkyGen as a payee, location, or provider. See below for key elements of each option:
- **Provider:**
 - You work only with your own patients
 - You will have access to your own information
- Register as a **location**
- Register as a **payee**



SkyGen Portal Benefits

Once logged on to the Portal, you will be able to:

- Check member eligibility
- View member history
- Submit and track claims
- View fee schedules
- View current and past remits
- Submit authorization requests
- Register for EFT

SkyGen EFT

Electronic Funds Transfer:

We encourage our dental health partners to enroll in Scion Dental's Electronic Funds Transfer (EFT) to enjoy efficient and reliable claim payments.

SkyGen Contact

Contact the web portal team at
ProviderPortal@scion.com for issues related to
Portal access.

Claims

Claims

Online: <https://pwp.sciondental.com/PWP/Landing>.

Electronic Data Interchange (EDI) Payer ID: INCS1

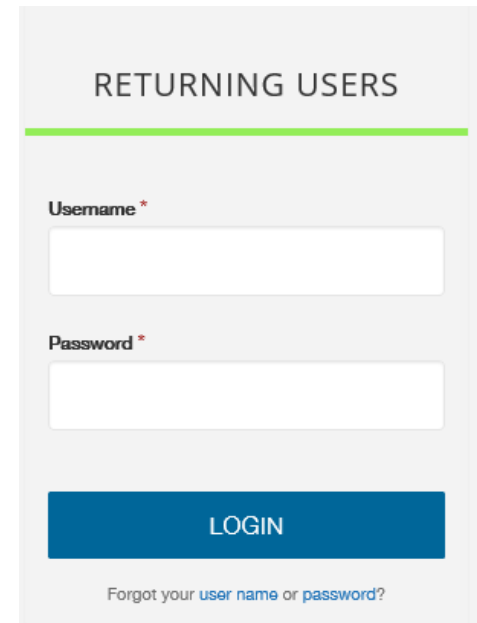
Paper:

CareSource

Attn: Claims Department

P.O. Box 3607

Dayton, OH 45401-3607



RETURNING USERS

Username *

Password *

LOGIN

[Forgot your user name or password?](#)

The filing limit for participating providers is 90 days.

Dental Claim Disputes

Dental Claim Disputes

- The health partner must complete a claim dispute prior to requesting an appeal. The claim dispute form can be located within the *Dental Health Partner Manual* at **CareSource.com**.
- The dispute must be submitted within 60 days after the health partner's receipt of the written determination of the claim.



Dental Claim Appeals

Health partners may only submit appeals after completing the claim dispute process as previously outlined.

Appeals must be submitted within 60 days of the dispute decision

- CareSource must issue a written decision within 45 days of receipt of the written request for appeal.
- If the appeal is not resolved within the 45 day time frame, the appeal will be determined as an approval.

Prior Authorization



Prior Authorization

Dental Services Requiring Prior Authorization:

- Orthodontia treatment
- Complete dentures and partial dentures
- Frenulectomy/frenulotomy
- Periodontal treatment
- Gingivectomy/Gingivoplasty
- All unspecified and miscellaneous dental codes

CareSource follows the Indiana Administrative Code for Medicaid Services definition of “medically necessary services” for coverage determinations (405 IAC 5-2-17).

For the dental services listed above that require prior authorization, CareSource utilizes the dental criterion defined in the Dental Services Provider Reference Module available on the Indiana Medicaid Provider website.



Prior Authorization

Requesting Prior Authorization

Online: Dental health partners may submit prior authorizations online.

Paper:

CareSource IN: Authorizations

P.O. Box 745

Milwaukee, WI, 53201

Contact CareSource Health Partner Services at **1-844-607-2831** for any questions regarding prior authorizations.



Resources



How to Reach Us

Provider Services	1-844-607-2831
Hours	Monday to Friday 8 a.m. to 8 p.m. (EST)
Member Services	1-844-607-2829
Hours	Monday to Friday 8 a.m. to 8 p.m. (EST)



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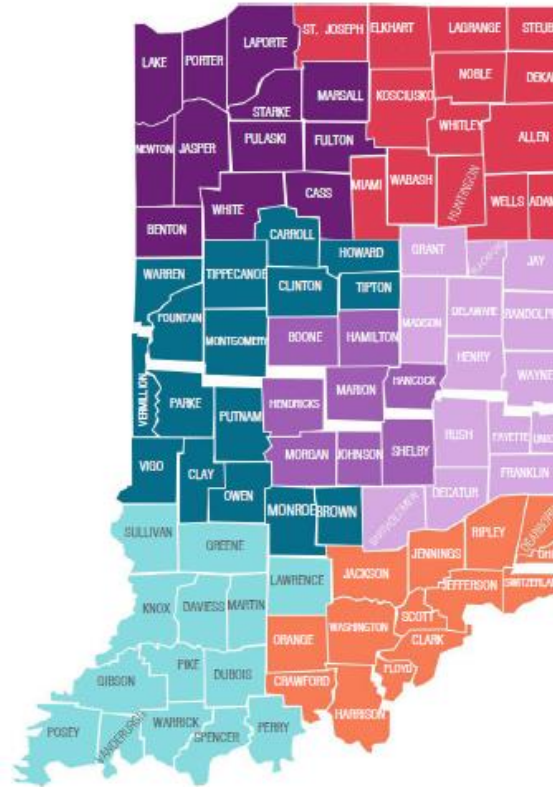
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Thank you!